

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

MPA/148391

PRELIMINARY RECITALS

Pursuant to a petition filed March 28, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on April 30, 2013, at Racine, Wisconsin. The record was held open for two weeks to see if a response might be submitted by Petitioner's provider; no submission was received.

The issue for determination is whether the evidence is sufficient to demonstrate that a prior authorization for root canal therapy may be paid for by the Medicaid program.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services 1 West Wilson Street Madison, Wisconsin 53703 By: Robert Dwyer, DDS

Division of Health Care Access and Accountability

1 West Wilson Street, Room 272

P.O. Box 309

Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

David D. Fleming

Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES #) is a resident of Racine County.

- 2. A prior authorization request seeking Wisconsin Medicaid program payment for a root canal for Petitioner's tooth # 30 was filed with the Medicaid on or about February 14, 2013.
- 3. The prior authorization request issue here was denied. The reason for the denial was that more than 50% of the natural clinical crown of Petitioner's tooth # 30 has been lost to decay.

DISCUSSION

Root canal therapy can be a covered service for certain Medicaid recipients, subject to prior authorization. Wis. Admin. Code $\S DHS\ 107.07(2)(a)1$. For any prior authorization request to be approved, the requested service must satisfy the generic prior authorization criteria listed at $\S DHS\ 107.02(3)(e)$. Those criteria include the requirement that the service be appropriate. Id., 2.

Root canal therapy is an endodontic service which removes infected pulpal tissue from the tooth and places a sealing filling insides the tooth, thus preventing the loss of the tooth by extraction. The alternative to root canal therapy is extraction. Extraction is a covered service under the MA program, without prior authorization.

Per Wis. Admin. Code § DHS 107.07(3)(a), the Department of Health Services is allowed to impose "reasonable limitations" on reimbursement of covered services.

Root canals are reimbursed if they meet the criteria found in the *Prior Authorizations Guidelines Manual*, § 124.009. The Division must deny these requests if "one or more of the Denial Criteria are met." *Prior Authorizations Guidelines Manual*, § 124.009.04. The Division determined that Petitioner's tooth met the following denial criterion found at *Prior Authorizations Guidelines Manual*, § 124.009.04:

- 1. The x-rays indicate the tooth is non-restorable, as determined by the Dental Consultant;
- 2. The x-ray indicates that more than 50% of the natural clinical crown has been destroyed by the decay as determined by the Dental Consultant;

. . .

Petitioner testified that she has had prior root canal therapy and that she has done well with those teeth. The record was held open to give Petitioner's dental provider opportunity to submit information in response to the Department determination that more than 50% of the natural clinical crown of tooth # 30 has been lost to decay or to note extenuating circumstances. Nothing was received.

I must conclude that the available evidence indicates that the Department correctly denied this prior authorization request for Medicaid payment for root canal therapy for Petitioner's tooth #30 as x-rays indicate that more than 50% of the natural crowd has been lost to decay.

CONCLUSIONS OF LAW

The Division of Health Care Access and Accountability correctly denied Petitioner's request for Medicaid payment for a root canal because the available evidence indicates that more than 50 % of the natural clinical crown has been lost to decay.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee, Wisconsin, this 13th day of June, 2013

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Wayne J. Wiedenhoeft, Acting Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on June 13, 2013.

Division of Health Care Access And Accountability